

☐ Mr. ☐ Mrs. ☐ Mr. & Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City, State, Zip: _____ Fax: _____

Email Address: _____

☐ please check if you would like to be contacted via email

Agency involved: _____

Agency or other office contacted: _____

Identification Number: _____ (i.e. social security, alien registration, case number)

Have you contacted our office in the past concerning this issue? _____

If so, when? _____

Please explain as clearly as possible the problems you are encountering and how my staff and I can best assist you. If you have any documents that might aid in my understanding your situation or support your statements, please provide copies of them as well.

To Congressman Shays:

I UNDERSTAND THAT THIS FORM IS BEING USED IN COMPLIANCE WITH THE “RIGHT TO PRIVACY ACT OF 1974.” I am providing the above information and request assistance in this matter on my behalf. I authorize the Congressman or his designated agent to receive and/or forward documents and to contact any agency or person they deem necessary regarding this matter.

Signature _____

Date _____